

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000001087 (2)

1. Corporation Name
VAN HORN INDUSTRIES, INC.

Principal Place of Business

4200 N FEDERAL HWY
~~SUITE 114~~
LIGHTHOUSE POINT FL 33064
US

Mailing Address

4200 N FEDERAL HWY
~~SUITE 114~~
LIGHTHOUSE POINT FL 33064-6049
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 ~~DELETE SUITE 114~~
23 City & State
24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 ~~DELETE SUITE 114~~
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

HORN, JAMES
4200 N FEDERAL HIGHWAY
~~SUITE 114~~
LIGHTHOUSE POINT FL 33064

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: In colored Agent's signature required when reissuing)

(DATE)

OFFICERS AND DIRECTORS

12. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	HORN, JAMES	4200 N FEDERAL HIGHWAY	LIGHTHOUSE POINT FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE

[Signature]

4/18/97

FILED
May 06 1997 8:00am
Secretary of State



CR2E034 (9/96)